

**Comments and Responses on ARC 4739C**  
**Case Management Services**  
Received November 2019

The following persons/organizations provided written comments, which are included in the summary below:

1. Linda Duffy, IHH Program Manager, Child health Specialty Clinics
2. Sabra Rosener, JD, VP Government & External Affairs, Unity Point
3. Flora A. Schmidt, Iowa Behavioral Health Association
4. Jane Wollum, Johnson County
5. Cynthia Pederson, JD, state Long-term Care Ombudsman
6. Melissa Ahrens, Director of Integrated Programs, Community Support Advocates
7. Sara Hackbart, Health Home Program Manager, Amerigroup
8. Shelly Chandler, Executive Office, Iowa Association of Community Providers

The Department received 83 comments from eight respondents on the proposed rules. The comments and corresponding responses from the Department are divided into 10 topic areas as follows:

**COMMENT:**

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**A. Additional clarification needed throughout the chapter. There were 29 comments in this topic area.**

1. 25 comments requested clarification of how this chapter applied to Integrated Health Home non-ICM members.

**Department response:** The Department has added clarifying statements for each rule. The Department has also added clarifying statements that the requirements for this chapter apply to the IHH populations of Habilitation and Children's Mental Health Waiver, and not to the full IHH population.

2. Three comments asked to have the additional words defined.

**Department response:** The word 'applicant' is now defined in the rule. The term 'case management' is now defined in the rule. The word 'representative' was not added as the word has many meanings depending upon how it is used. Left undefined in this rule allows the broader meanings to all be acceptable. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

3. One comment requested use of the term 'IHH Care Coordination' instead of 'IHH case management'.

**Department response:** The revision has been made throughout the rule.

**B. Location or method of contacts. Seven comments were received on this topic.**

1. Five comments are in relation to the change in location of the case manager quarterly face to face contact, and the restrictions to face to face or telephonic as the methods of contact for the required monthly contacts.

**Department response:** The Department believes strongly that the case manager should have more direct interaction with the member and guardian or representative, to improve knowledge of the member's residence in order to better assess and monitor member health, safety, and welfare. Members continue to have a choice in location and methods of contacts that are made outside of these three required contacts. The Department has taken the suggested under advisement but has decided to not alter the proposed rule.

2. One comment asked the Department to specify what circumstances would lead to instances where the MCO contacts requirements might differ from these rules.

**Department response:** This rule was written without specificity to allow the Department future flexibility in MCO contract negotiation. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

3. One comment requested the Department to put back the prior rule language that allows for a broader options for methods of communication between the member and case manager for most contacts.

**Department response:** For the quarterly face to face contacts and the monthly face to face or telephonic contacts the Department has purposely limited the method of contacts in order to increased case manager direct contact with the member. That increased direct contact should improve case manager knowledge of the member's residence in order to better assess and monitor member health, safety, and welfare. Members continue to have a choice in location and methods of contacts that are made outside of these three required contacts. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

**C. Core Standardized Assessments. Two comments were received.**

Commenters asked for clarification whether the MCO will perform the assessment or if they have the ability to transfer that responsible to another entity.

**Department response:** The Department has revised the rule to indicate that the MCO will cause the assessment to be completed for MCO-enrolled members. This allows the MCO the flexibility to perform the assessment itself or to transfer the responsibility to another entity. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

**D. Clarification of Targeted Case Management and of the definition of the targeted population. Three comments were received for this topic**

**Department response:** Clarifying statements were added to the proposed rules.

**E. Person Centered Planning. 19 comments received.**

1. Eight comments requested changes to the wording used in the various subrules under Person Centered Plan and Person Centered Planning process.

**Department response:** The federal government has issued direction and guidance in relation to person centered plan and person centered planning. The

Department has purposefully chosen to not revise that wording, other than to add the words 'guardian' or 'representative' when one or the other was used. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

2. Five comments were received regarding the person centered planning format or tool. Requests were to have the formats and tools identified in rule.

**Department response:** The Department does not mandate or recommend any particular format or tool. If the case manager has options in either format or tool, then the member should have choice. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

3. One comment stated that term case manager did not apply to IHH care coordination.

**Department response:** The definition of case management has been revised to explicitly include IHH care coordination for members of Habilitation and Children's Mental Health Waiver.

4. One comment requested adding the word 'services' after any reference to HCBS.

**Department response:** HCBS is an acronym for Home and Community Based Services. Adding the word 'services' would be redundant. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

5. One comment asked to strike 90.4(1)b(3)10 because the commenter thought that there was no identification of the entity responsible for this section.

**Department response:** 90.4(1)b already identifies the case manager as the person responsible for the person-centered service plan and processes. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

6. One comment asked the Department to designate the risk assessment tool to be Used for all members.

**Department response:** The Department has purposefully chosen to allow each case management provider to choose the risk assessment tool to be used. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

7. One comment asked to remove redundant mention of a 365 day cycle for service planning.

**Department response:** The Department has purposefully used redundant language to stress the importance of the timeframe. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

8. One comment requested that the Department revert to prior language regarding monitoring to use the word 'may' instead of the word 'shall'.

**Department response:** The Department has purposefully revised the rule to use 'shall', as our expectation is that case managers should be reviewing provider service documentation to ensure the member is receiving services as authorized. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

**F. Assessments. 13 comments were received on this topic.**

1. Three comments asked for clarification about the use of face to face or telephonic reassessments.

**Department response:** This rule has been revised to indicate that only a SIS can be done telephonically and then only when the situation meets the criteria outlined by AAIDD. An interRAI reassessment cannot be done telephonically.

2. Three comments asked to add the reference for the Core Standardized Assessment used for the Habilitation population.

**Department response:** Clarifying statements have been added to the rule.

3. One comment stated that the term 'comprehensive' assessment has not been defined in the rule.

**Department response:** The term 'comprehensive' has been removed from this rule.

4. Two comments requested clarification of the statement that case managers may participate during the assessment or reassessment process at the request of the member.

**Department response:** The commenters seem to believe that the participation of the case manager in the assessment allows the case manager to become the assessor. This is not true. A trained assessor will always conduct the assessment. The case manager can participate just as a family member, representative, guardian, or provider can participate if chosen by the member. The rule has been clarified.

5. One commenter requested that the Department require that the case manager always be present unless contraindicated by the member.

**Department response:** While it is best practice that a case manager participate in the reassessment processes, the Department intends to allow member choice to take precedent. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

6. One commenter requested that the word 'applicant' be used in conjunction with any mention of initial assessments; and that the word 'member' be used in conjunction with reassessments.

**Department response:** The rule has been revised, except for those sections where federal guidance is used for person centered plan and person centered planning processes.

7. One commenter suggested that definition of Core Standardized Assessments be moved out of definitions and to the body of the rule.

**Department response:** The Department has taken the comment under advisement but has decided to not alter the proposed rule.

8. One commenter suggested that the Department require the assessment to be sent to the IDT within 14 calendar days.

**Department response:** The Department has taken the comment under advisement but has decided to not alter the proposed rule.

**G. Covered Services. Three comments received on this topic.**

1. One commenter questioned the change in rule to require monitoring activities by the case manager. The words 'as needed' appears to cause confusion.

**Department response:** The confusing words have been removed from the proposed rule. Monitoring is an integral part of case management and should be done as warranted by each individual situation. There are no frequency standards for this service. The Department has taken the suggested under advisement but has decided to not alter the proposed rule.

2. Two comments regarding case manager monitoring of provider documentation asked the Department to change the word 'shall' to the word 'may'.

**Department response:** The Department intends that case managers have a more active role in monitoring of provider documentation to gain better knowledge of the use of authorized services and of member welfare. At this time the Department is not issuing guidance or mandates for this activity. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

**H. Billable activities. Two comments were received on this topic.**

1. One comment questioned the limited number of activities that are considered as billable activities for FFS case management (not applicable to MCO or IHH enrolled populations.)

**Department response:** Informational Letter 1394, effective 7/1/14, announced the new limited billable activities list. This list was the consensus of a case management workgroup, whose intention was to standardize billable activities in order to bring about standardization of provider rates. Billable activities were purposefully limited in order to stress the importance of completing case management activities efficiently. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

2. One comment suggested that the Department adjust the FFS case management fee schedule annually to allow for wage and benefit increases.

**Department response:** The Iowa legislature determines when FFS provider rates are changed. If the legislature mandates an increase, then the Department will comply. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

**J. 441-Chapter 24. One comment was received for this topic.**

The commenter asked if a specific subrule of 441-Chapter 24 applied to IHH enrolled providers.

**Department response:** This rules package is applicable to Medicaid case management. Any questions related to Chapter 24 should be address directly to the Mental Health and Disabilities Services staff.

**I. Service provider requirements. Four comments were received on this topic.**

1. One comment questioned whether the proposed changes to who must report incidents was adding in types of staff responsible to report.

**Department response:** This rule change implements a requirement that has been in practice for years and is already included in other Iowa Administrative Code rules. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

2. One comment was concerned about the removal from this Chapter of references to appeal rights.

**Department response:** The Iowa Attorney General's office advised removal of reference to appeal rights as those rights are addressed under other Iowa Administrative Code rules. The intent is to avoid confusion due to inclusion in multiple rules. There is no effect on any member's appeal rights by removing references from this Chapter. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

3. Two comments were received in reference to use of a risk assessment and subsequent updates to the person centered service plan based upon review of changes to the risk assessment. The commenter asked to have the updates made to a progress note or another place in the member record instead of the service plan.

**Department response:** A progress note is not the person centered service plan; it is merely a record of activities. The service plan drives how services are provided and is the living document used to communicate the services, or changes to services, to all providers and the others responsible for the plan. The Department has taken the comment under advisement but has decided to not alter the proposed rule.

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